EXHIBIT 1

[] CONFIDENTIAL



South Salt Lake Police Department

Personal History Statement

Name:	JASON	BURNHAM	_
Applying	For: <u>folic</u>	e Officera	
	•	Position Title	
Date:	10/2/90	7	

SOUTH SALT LAKE POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEN Position applying for: Officer (X) Reserve (Have you completed any previous Personal History State Department.? Yes () No (X) Position: When:) — ements with South Sa		SOUTH SALT LAKE OFFICE USE: DLLE()cf()insNCICSWWUCCHIIIJEMSSHWLCJJU
Your name: BURNHAM GA	First C	JASON Middle	Birth Name
Other names (including nicknames or other married name those. Home address: IIDI SCITH 1000 WEST Street Address: City Please list the telephone number(s) and times at which y hours you can be contacted a hours you can be contacted a hours you can be contacted Pager or cellular phone 1-800-203-9274 Birth Date: 09 / 23 / 72 Month Day Year Social Security Number: 529 - 1246	State State ou can be contacted: at (435) 257-4 at	843 5028	
Name on your Utah driver's license: <u>GARY</u> JASA License Number: <u>149907729</u>	Expiration Date:	n 9-23-01	
U.S. Citizen? Yes (X) No () Natural Born? Yes If no, complete: Naturalized: P.O.S.T. Certification: Peace Officer (X) Reserve	No ()		re:
			· .
IL RESIDENCES Please list all of your residences during the last 10 years current.	(list no information	prior to your 15th bir	thday). Begin with the most
Address with City, State Zip	From/To		mortgage company. If rented, on responsible for collecting rent.
1101 S. 600 West TREMONTON, UT 84837	11/92- Presont	Washington	Federal
550 W. 350 North #1 TREMUTER, UT 84337 432 S. 700 WEST TREMONTON, UT 84337	11/97-11/98 -	Julie Harris	
1672 N. 300 WEST CLINTON, UT 84015 (Sunset)	8/46-7/97	Lisa KLEPZIL	SSL 0136
32 S. 700 WEST TREMENTON, UT 84337	-2- 3/94 - 8/96	Nja	
6489 CAMBEN AVE. Scile #107 SANJOSE, CA	1/92 - 3/94	CHURCH OF JESU	s CHRIST OF LATTER - DAY SAINTS
432 S. FOU WEST TREMOUTON; UTAH 84337 BSS E. BIOD WOOTH North Nogden Utah Bright	10/88 - 1/92 1/91 - 192	N/A TRAVELED to alked Mand Mand Mand	eom Trementan and North Ogden college. Stayed with my Father

Case 2:06-cv-00335-CW Document 38-2 Filed 07/03/08 PageID.267 Page 4 of 16

Mother-in-Law (Last, First, Middle): LARSEN; MARIENE,	Phone: (801) 825-0547
Home Address: 3118 W- 5200 South City, State: Pay, Utah	Apt. #: CONFIDENTIA Zip: 8007
Date of Birth: 3-30-40	Age: <u>59</u>
Former Spouse (Last, First, Middle): N/A	Phone:
Home Address: City, State:	Apt. #: Zip:
Date of Birth:	Age:
Former Spouse (Last, First, Middle): N/A	Phone:
Home Address:City, State:	Apt. #:
Date of Birth:	Age:
Brother/Sister (Last, First, Middle): BURNHAM, WHITNEY. STAR	Phone: 011-44-144 0705342
Home Address: 24 Wortham Pl. City, State: Haverhill; Suffolk, U.K.	Apt. #: Zip: <u>CB90HP</u>
Date of Birth: 7-10-71	Age: 27
Brother/Sister (Last, First, Middle): BURNHAM, JARED OWEN	Phone: (435) 257-4117
Home Address: 491 W. 860 South City, State: TREMONTON, LITAH	Apt. #: Zip:
Date of Birth: 4-4-74	Age: 25
Brother/Sister (Last, First, Middle): Buenham, Coverney, DAWN	Phone: (435) 257-5240
Home Address: 432 S. FOC WEST City, State: TREMONTON, UTAH	Apt. #:
Date of Birth: 5-19-78	Age: 21

· Case 2:06-cv-00335-CW Document 38-2 Filed 07/03/08 PageID.268 Page 5 of 16

Step-Brother/Sister (Last, First, Middle): FLITTON, HIEDI	Phone: (801) 476-4125
Home Address: 1643 & 6700 South City, State: Uintah, Utah	Apt. #: CONFIDENTIA
Date of Birth: 5-29-72	Age: <u>27</u>
Step-Brother/Sister (Last, First, Middle): SORENSEN, Emily	Phone: NA
Home Address: 4747 N. Oregon TRail City, State: Ledar City, Whah	. Apt. #: Zip: <u>84720</u>
Date of Birth: 9-3-75	Age: <u>23</u>
Child (Last, First, Middle): Buenham, SHAYLA	Phone: (435)2575028
Home Address: //0/ S. 1000 WEST City, State: 7Remouton, UTM	Apt. #: Zip: <u>84337</u>
Date of Birth: 12-26-48	Age: 5 months
Step SISTER Billings Shawnee	Phone: N/A
Home Address: <u>525 Park Blvd</u> - City, State: <u>Oyden, Litah</u>	Apt. #: <u>147</u>
Date of Birth: 6-26-77	Age: <u>∂ /</u>
(Last, First, Middle): Billings, Timethy STEP BROTHER	Phone: (801) 782-8155
Home Address: 855 E. 3100 North City, State: North Ogden, Utah - Serving L.D.S. Mission in Ohio, Columbus Mission	Apt. #: Zip: <u>84474</u>
-Date-of-Birth: _6-9-78	Age: 20
Child (Last, First, Middle): N/A	Phone:
Home Address: City, State:	Apt. #: Zip:
Date of Birth:	Age:

Case 2:06-cv-00335-CW Document 38-2 Filed 07/03/08 Pag	geID.269 Page 6 of 16
Name (Last, First, Middle): Note: I served a mission for the L.D.S. Church in San Jose, California between 1/92 and 3/94-I	Phone:
Home Address: fived with approximately 40 people that I no longer City, State: Kive contact with I remember their first names as "Elder" and I don't know how to contact them, with	Apt. #:
Date of Birth: the exception of Lason Melling	Age:
Name (Last, First, Middle): Mclling, Joson Poul	Phone: 344-6577
Home Address: 1175 Canyon Pd. City, State: Ogden, Ut	Apt. #:
Date of Birth: 2/73	Age: <u>37</u>
Name (Last, First, Middle):	Phone:
Home Address:City, State:	Apt. #: Zip:
Date of Birth:	Age:
Name (Last, First, Middle):	Phone:
Home Address:City, State:	Apt. #:
Date of Birth:	Age:
Name (Last, First, Middle):	Phone:
Home Address:City, State:	Apt. #:
Date-of-Birth:	Age:
Name (Last, First, Middle):	Phone:
Home Address:City, State:	Apt. #:
Date of Birth:	Age:

.Case 2:06-cv-00335-CW Document 38-2 Filed 07/03/08 PageID.270 Page 7 of 16

Name (Last, First, Middle): Hunsuker, Tood	Hm. Phone: (435)257-4608
Home Address: 366 N 100 East City, State: Iremonton, Utah	Apt. #: Zip: <u>8</u> 4337
Business/Profession: Police Officer Business Address: 109 S. Tremont City, State: Teemonton, utah	Bus. Phone: (435)257-3131 Suite #: Zip: &7337
How does this person know you? To-worker; Went to High School together	Years known: <u>/</u> 0
Name (Last, First, Middle):	Hra. Phone:
Home Address: City, State:	Apt. #: Zip:
Business/Profession: Business Address: City, State:	Bus. Phone: Suite #: Zip:
How does this person know you?	Years known:
CO-WORKERS List three present or former co-workers who know you and your qualifications. (Exclude relative acquaintances listed above.)	s and friends or social
Name (Last, First, Middle): Hansen, MARK	Hm. Phone: (801) 782-4801

Home Address: 3237 MOUNT COMAND DRIVE
City, State: NORTH OLDEN, UTAH

Business Address: 3237 - MOUNT LOMAND DEIVE City, State: NORTH OGDEN, UTAH

How does this person know you? FORMER MANAGER AT GORILLA BIKE & FITNESS

Business/Profession: SELF - EmployED

SSL 0144

Bus. Phone: (801)782-4801

Apt. #: _____ Zip: <u>&4414</u>

Suite#:_____ Zip: <u>&YY/Y</u>.

Years known: 4

V. EXPERIENCE AND EMPLOYMENT

! CONFIDENTIAL

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. Indicate full-time, part-time, or voluntary as applicable.

Please be aware that your present employer will be contacted. You may wish to let your supervisor know that you are being considered for employment with the South Salt Lake Police Department.

Dates of Employ (Month/Year) From: 10 / 97 To: CUPPENT X Full-Time Part-Time Self-Employed Volunteer	Name & Address of Employer (Include Zip Code) TREMONTON CITY CORP 102 S TREMONT TREMONTON; UT 84337 Phone: (435) 257-3131	Name(s) of Supervisor(s): Chief Steve Hodges Sct. Alan Rowley Name of Co-Workers: BLIAN CLOCKETT Sct. Pandy HIGLEY TODD HUNSAKER DET. MARK PULLEY
Reason for Leaving: DESI	OFFICER OS AND KEED THE PEACE NOMENTS AS DIRECTED BY THE DEE TO WORK FOR BIGGER AGEN COLLEGE DEGREE,	CHIEF OF HOUCE
Dates of Employ (Month/Year) From: 2/97 To: 10/97 Full-Time Part-Time Self-Employed X Volunteer	Name & Address of Employer (Include Zip Code) TREMONTON CITY (DEP. 102 S. TREMONT TREMONTON, UT 84337 Phone: (435) 257-3131	Name(s) of Supervisor(s): Chief Steve Hookes St. Alan Rowley Name of Co-Workers: BRIAN CROCKETT SGT. PANDY HIGLEY IDDD HUNCAKER DET. MARK POWLEY
Title and Duties: RESERV	TE POUCE OFFICER S AND KEED THE PEACE SIMENTS AS DIRECTED By THE O	

· Case 2:06-cv-00335-CW Document 38-2 Filed 07/03/08 PageID.272 Page 9 of 16

From: <u>3/G4</u> To: Full-Time Apart-Time Self-Employed	Sizzlel	Name(s) of Supervisor(s):
To:		JOHN DETAMORE (801)776-9124
X Part-Time	3580 S. WALL AVE	V CO W I
	060EN, UT 84404	Name of Co-Workers:
Self-Employed	· ·	STACEY UNGREEN
		KIM KOFOED
Volunteer	Phone: N/A - OUT OF PUSINESS	Jami Montague
		Grea Grea
Title and Duties: WAITER	*;	
Sear E:	O TO CUSTOMER	(I) CONCIDENTIAL
GOVERNO A	USTOMER SERVIE	
GENERAL C	CLEAN-UP	
SENEICHC C	xtro qp	
Reason for Leaving: <u>Needed</u> Continu	to better myself financially to be college and go through the	Parn enough money to
Dates of Employ (Month/Year)	Name & Address of Employer (Include Zip Code)	Name(s) of Supervisor(s):
From: <u>/0/9</u> 0	SIZZER	John Detamore (801)776-9124
To: 1/92	3580 S. WALL AVE.	
Full-Time	CODEN. UT EYYOY	Name of Co-Workers:
Part-Time		Steve Hansen
Self-Employed		Kon
Volunteer	Phone: N/A - OUT OF BUSINESS	Stacey Ungreen
1		
Title and Duties: <u>Cook</u> Cook and Geveral	Drepare food for customers	
Reason for Leaving: 70 Sc	erve mission for L.D.S. Church	32
· · · · · · · · · · · · · · · · · · ·		
	Name & Address of Employer (Include Zip Code)	Name(s) of Supervisor(s): Diane Cottle
From: 1/88	Pizza Co. & Arcade	
From: //88 To: /0/46	Pizza Co. & Arcade West Main	Dixine Cottle Mike Abel Name of Co-Workers:
From: //88 To: /0/40Full-Time	Pizza Co. & Arcade	Dixine Cottle Mike Abel Name of Co-Workers:
From: //88 To: /D/G&Full-TimePart-Time	Pizza Co. & Arcade West Main	Dinne Cottle Mike Abel
From: 1/88 To: 10/40 Full-Time	Pizza Co. & Arcade West Main	Diane Cottle
From: //88 To: /D/Gc Full-Time Part-TimeSelf-Employed	Pizza Co. & Arcade _ West Main	Diane Cottle
To: /D/Gc Full-Time X Part-Time Self-Employed Volunteer Title and Duties: Shiff Supervision	Pizza Co. & Arcade I West Main Tremonton, Ut 84337 Phone: NI/A - Out of Business Superisol ise night crew	Diane Cottle
From: 1/88 To: 10/40 Full-Time X Part-Time Self-Employed Volunteer Title and Duties: Shiff Supervision	Pizza Co. & Arcade I West Main Tremonton, Ut 84337 Phone: N/A - Out of Business Superison	Diane Cottle
From: 1/88 To: 10/40 Full-Time X Part-Time Self-Employed Volunteer Title and Duties: Shiff Supervision	Pizza Co. & Arcade I West Main Tremonton, Ut 84337 Phone: AJ/A - Out of Business Superisor ise night crew , cook, deliver Pizzas	Diane Cottle
From: 1/88 To: 10/40 Full-Time X Part-Time Self-Employed Volunteer Title and Duties: Shiff Supervice Proport	Pizza Co. & Arcade I West Main Tremonton, Ut 84337 Phone: AJ/A - Out of Business Superisor ise night crew , cook, deliver Pizzas	Diane Cottle
From: 1/88 To: 10/40 Full-Time X Part-Time Self-Employed Volunteer Title and Duties: Shiff Supervior Prepare	Pizza Co. & Arcade I West Main Tremonton, Ut 84337 Phone: AJ/A - act of Business Superisor ise night crew , cook, deliver Pizzas	Diane Cottle Mike Abel Name of Co-Workers: Pandy Charles Jensen
From: 1/88 To: 10/40 Full-Time X Part-Time Self-Employed Volunteer Title and Duties: Shiff Supervious Prepare	Pizza Co. & Arcade I West Main Tremonton, Ut 84337 Phone: AJ/A - Out of Business Superisor ise night crew , cook, deliver Pizzas	Diane Cottle Mike Abel Name of Co-Workers: Pandy Charles Jensen

Case 2:06-cv-00335-CW	Document 38-2	Filed 07/03/08	PageID.273	Page 10 of 16

VI	MITT	ITA	RY	SERV	CE
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	CONFIDENTIAL
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Have you served in the armed forces, National Guard, or military reserves? Yes () No (X) If yes, please supply the following information:

ave you been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military serves? Yes () No () If yes, please give details (include branch of service, when, where, and circumstances). N/A ave you ever been given the option to resign in lieu of forced separation from any military service? Yes () No () yes, please give details. A J IA sist past commanding officers or military acquaintances who know/knew you well enough to provide accurate information about lease include addresses with zip codes and telephone numbers. Name (Last, First, Middle): N/A Address: City, State:	Branch of Service	Service Number	Dates of Service	Type of Discharge
ave you been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military serves? Yes () No () If yes, please give details (include branch of service, when, where, and circumstances). All A services been given the option to resign in lieu of forced separation from any military service? Yes () No () yes, please give details. All A lies past commanding officers or military acquaintances who know/knew you well enough to provide accurate information about lease include addresses with zip codes and telephone numbers. Name (Last, First, Middle): N/A Phone: City, State: Name (Last, First, Middle): N/A Phone:	NIA		to	
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Serves Yes () No () If yes, please give details (include branch of service, when, where, and circumstances). V/A				-4i1 C1:!:4
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yes, please give details. Al /A ist past commanding officers or military acquaintances who know/knew you well enough to provide accurate information about ease include addresses with zip codes and telephone numbers. Name (Last, First, Middle): N/A Address: City, State: Name (Last, First, Middle): N/A Address: City, State: Apt. #: City, State: Apt. #: City, State: How Known: When: When: Apt. #: City, State: Name (Last, First, Middle): N/A Phone: Address: City, State: Apt. #: City, State: City, State: Apt. #: City, State: Apt. #: City, State: City, State: Apt. #: City, State: Apt. #: City, State: City, State: Apt. #: City, State: Apt. #: City, State: City, State: Apt. #: City, State: Apt. #: City, State: City, State: Apt. #: City, State: City, State: Apt. #: City, State: C				
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ist past commanding officers or military acquaintances who know/knew you well enough to provide accurate information about lease include addresses with zip codes and telephone numbers. Name (Last, First, Middle): N/A Address: City, State: Name (Last, First, Middle): N/A Address: City, State: Apt. #: Zip: Apt. #: Zip: Apt. #: Zip: When: Name (Last, First, Middle): N/A Address: City, State: How Known: When: When: Address: City, State: Apt. #: Zip: Name (Last, First, Middle): N/A Address: City, State: Apt. #: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip		•		
Phone:	7216			
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Address: City, State: How Known: When: Name (Last, First, Middle): N/A Address: City, State: Apt. #: Zip: Apt. #: Zip: Apt. #: Zip: When: When: How Known: When: When: Address: Apt. #: Zip: Apt. #: Zip: Address: Apt. #: Zip: Apt. #: Zip: Address: Apt. #: Zip: Address: Apt. #: Zip:	lease include addresses with zi	p codes and telephone numbers.		e y gee
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Name (Last, First, Middle): N/A Phone: Address: Apt. #: City, State: Zip: How Known: When: Name (Last, First, Middle): N/A Phone: Address: Apt. #: City, State: Zip:	How Known		Wh	en:
Address:	TIOW ICHOWN.			
Address:	Name (Last First Middle):	NIA	Pho	one:
City, State: Zip:	rvaine (East, 1 list, Middle). [<u>VI</u>		
City, State: Zip:	Address:		Apr	 L.#:
Name (Last, First, Middle): ν/A Phone: Address: Apt. #: City, State: Zip:	City, State:			
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Address:	Name (Last First Middle):	A)/A		
City, State: Zip:	a territo (2005) a mos atmosto).	∀ /• -		
City, State: Zip:	Address:		Ap	t. #:
How Known: When:				
	How Known:		W	ien:

Name of Business: Dis	cover Cord		Type of Business:		
Address: ?			Suite #:		
City, State:			Zip Code:		
Date Opened: 7	Date Closed:	Acct. #: 6011 all 2 Susp 7435	Amount Revolving		
Name of Business: ASSO	riales		Type of Business: Cansolidation		
Address: 3965 Wash	ington Blod		Suite #:		
City, State: Ogden, Uta	,		Zip Code: <u>84403</u>		
Date Opened:	Date Closed: 7	Acct. #: 0.2437682-0197545	Amount: 2,700 (?)		
Name of Business: Nort	west Financial		Type of Business: Cedit Card		
Address: 3965 Was	hinston Blud.		Suite #: _ 5		
City, State: Dyden, ut			Zip Code: 34403		
Date Opened:?	Date Closed: 7	Acct. #: 658410444	Amount: Pevalving		
Name of Business: Seac	\$		Type of Business: Potail		
Address: P.O.Bex &			Suite #:		
City, State: Boise, II	Daho		Zip Code: <u>1870 7 - 6008</u>		
	Date Closed: N/A	Acct. #: 60 508.47 27205 5	Amount: Pevolving		
Bank/Credit Union: Bank/Credit Union:		Acct. #:	- Apr		
Bank/Credit Union:		Acct. #:			
Have you ever filed for or de (include when, where, why,	eclared bankruptcy or filed and amount).	for the Wage Earner's Plan? Yes () No () If yes, please give details		
Fi i level a d ai	·	and a telephone bill thurned to records of the exact du	Capital Cne Services		
WA UIDI	DESMOINS, IONA S	Care	P.U. Box 45147 Richmond Va. 23285-514		

· Case 2:06-cv-00335-CW Document 38-2 Filed 07/03/08 PageID.275 Page 12 of 16

Have you ever been charged for a non-traffic criminal offense since age 18 including infractions, misdemeanors and CONFIDENTIAL Yes () No (X) If yes, complete the following starting with the most recent incident. You are required to report any expunged convictions 67-15-6(1)(g) UCA.

Crime Charged:	Arresting Agency:
Conviction: Yes () No ()	Date:
Circumstances and Disposition:	
Crime Charged:	Arresting Agency:
Conviction: Yes () No ()	Date:
Circumstances and Disposition:	
·	
Crime Charged:	Arresting Agency:
Conviction: Yes () No ()	Date:
Circumstances and Disposition:	
	L.
	7 - Vise
Crime Charged:	Arresting Agency:
Conviction: Yes () No ()	Date:
Circumstances and Disposition:	
Circumstances and Disposition.	
	f yes, give name of court, probation officer, case number, and other
Have you ever been placed on probation? Yes () No (X) Indetails.	f yes, give name of court, probation officer, case number, and other
	f yes, give name of court, probation officer, case number, and other
	f yes, give name of court, probation officer, case number, and other
details.	
details.	

*Case 2:06-cv-00335-CW Document 38-2 Filed 07/03/08 PageID.276 Page 13 of 16 Have you ever been arrested for Driving Under the Influence of Alcohol and/or Drugs or Reckless Driving? Yes () No (X) If more than one instance, indicate on a separate sheet of paper. Arresting Agency: Date: CONFIDENTIAL Court Docket #: Agency Case #: Details and Disposition: Have you ever been involved, as a driver, in a motor vehicle accident within the last five years? Yes () No (X) If yes, please give details for each accident. Police Agency: Date: Police Investigation: Yes () Non-Injury: No() Injury: Location: Disposition: Police Agency: Date: Ño() Police Investigation: Yes () Non-Injury: Injury: Location: Disposition: Utah law requires that operators and owners of motor vehicles be covered by automobile liability insurance, bond or cash deposit with the Department of Motor Vehicles. Please list how you satisfy this state requirement. Agency: California Casualty Company: California Casualty Phixnix, AZ 85080 Expiration Date: 10/5/99 Policy #: 16/2372702

Vehicle Identification #: <u>[FABP29UIGG217814</u> Vehicle Identification #: /FAPP93J&KW199792 Vehicle Identification #:

If there is anything you wish to discuss about your driving record, please explain.

Case 2:06-cv-00335-CW Document 38-2 Filed 07/03/08 PageID.277 Page 14 of 16

__ave.you ever used any of the following drugs within the last five years? Yes () No () If yes, mark which continue the approximate date you last used the drug, and how many time you used the drug.

х	ТҮРЕ	APPROXIMATE LAST DATE OF USE	HOW MANY TIMES?
	Heroin		
	Tulene		
	Cocaine		
	PCP		
	Peridan		
	Tai Sticks	·	
	Quaaludes		
	Crank		
	Morphine		
	LSD		
	Crack		
	Mescaline		
	Peyote		e super
	Opium		
	Demoral		~ ⊊-0-1
	Methadone	·	·
	Psilocybin/Mushroom		1,92 ;
	Amphetamine injected		
	Barbiturates injected		
	Other (please identify)		

If certified, please attach a detailed copy of your in-service training received since certification.

(I) CONFIDENTIA	1	A	TI	N)E	F۱	N	CO		
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List date(s) of last certification in the following areas:

SUBJECT	DATE	SUBJECT	DATE
Intoxilyzer	2-25-99	O C Spray	3-17-99
Radar	6-2-99	Baton (ASP, PR 24, straight)	3-26-98
Firearms	3-12-99		

List any date(s) of any speciality	training you have successfu	lly completed, such as:	
SPECIALTY TRAINING	DATE	SPECIALTY TRAINING	DATE
Firearms (re: SERT, SWAT)		Other (list):	
Accident Investigation	5-22-98		
Accident Reconstruction	6-26-98		

List any instructor certification(s) that you may have:

INSTRUCTOR CERTIFICATION	DATE	
N/A		
	101	
	$\mathcal{H}^{(i)}$	

XXII. MISCELLANEOUS INFORMATION

Have you ever applied for a permit to carry a concealed weapon? Yes () No (X) If yes, please provide the following information:

Permit granted? Yes () No ()	Date:
Name of granting agency:	
Ригроse:	
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Case 2:06-cv-00335-CW Document 38-2 Filed 07/03/08 PageID.279 Page 16 of 16

AUTHORIZATION FOR RELEASE OF INFORMATION

(I) CONFIDENTIA	TAI	T	EN	O	F	N	CO		
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have made application for a peace officer position with the South Salt Lake Police Department, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. It is further my understanding that any history adversely reflecting on my qualification for employment by such investigation may be cause for disqualification for appointment, or my dismissal upon due consideration of the facts by the South Salt Lake Police Department.

I hereby give to the South Salt Lake Police Department, or duly authorized representative of the South Salt Lake Police Department, the authority to conduct any comprehensive investigation of my background the South Salt Lake Police Department deems necessary, including but not necessarily limited to, oral discussions with any persons considering my background. Also, generally, I hereby authorize a review and full disclosure of all records, or any part, thereof, concerning myself by / to any authorized representative of the South Salt Lake Police Department, whether said records are public or private, including those which may be deemed to be a privileged or confidential nature. In particular, I hereby authorize the full and complete disclosure of any and all records pertaining to background, including but not necessarily limited to, the records of educational institutions, finance or credit institutions, commercial or retail mercantile establishments and public utility companies; records of medical and psychiatric consultation and / or treatment, including those of hospitals, clinics, private practitioners, the U.S. Department of Veterans Affairs and generally all military service medical records and other records of all military facilities; employment and pre-employment records, including background investigation reports, the results of polygraph examinations, efficiency ratings, disciplinary records, complaints or grievances filed by or against me; records and recollections of attorneys at law who have represented me in any case in which I had an interest.

I hereby appoint any authorized representative designated by the South Salt Lake Police Department as an authorized agent for me for the purpose of inspecting any arrest records information maintained by any law enforcement agency concerning me.

To the custodian of the records discussed herein, I hereby direct you to release such information to the bearer of the Authorization for Release of Information or a copy thereof. A copy of this release form will be valid as an original hereof, even though that copy does not contain an original writing of my signature.

I hereby release the custodian or custodians of such records and the South Salt Lake Police Department and the County of Salt Lake, and the State of Utah, including any of their agents, employees or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature which any time could result to me, my heirs, assigns, associates, personal representative or representatives of any nature because of compliance by said custodian or custodians with this Authorization of Release Information and my request contained herein for this release or because of any use of these records by the South Salt Lake Police Department's office, or the County of Salt Lake, or the State of Utah. This release is binding, now and in the future, on me, my heirs, assigns, associates, personal representative of representatives of any nature.

Utah Code Annotated 34-42-1 states in part that "an employer who in good faith provides information about the job performance, professional conduct, or evaluation of a former or current employee to a prospective employer of that employee, at the request of the prospective employer of that employee, may not be held civilly liable for the disclosure or the consequences of providing the information. There is a rebuttable presumption that an employer is acting in good faith when the employer provides information about the job performance, professional conduct, or evaluation of a former or current employee to a prospective employer of that employee, at the request of the prospective employer of that employee,"

Applicant's signature

NOTARY PUBLIC MARK ROWLEY

Subscribed and sworn to before me this 2 day of

SSL 0162

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